So let your LIGHT shine before men + + that they may see your good works and glorify your Father

30th ANNIVERSARY ISSUE

MEDICAL MISSIONARY

"So let your light shine before men that they may see your good works, and glorify your Father, who is in heaven," sums up our whole purpose, our ultimate aim. Our love and devotion coupled with knowledge and skill are the light, serving the sick in the missions — the good works glorify God.—A.D.

THIS anniversary issue of tne *Medical Missionary* presents an illustrated report of the results of the "Thirty Years of the Holy Experiment."

The Society of Catholic Medical Missionaries was called a "Holy Experiment"in 1925, when it was founded, because it was a "test case." It was the privilege of the Medical Mission Sisters to prove that it was possible to combine religious life with the medical profession. This fusion of consecrated love with scientific skill has provided the missions with Sister doctors and nurses — religious women who are able to bring the benefits of modern medicine to the service of the sick in Christ's Name.

The "Holy Experiment" is concerned not only with Sister-doctors, but with the building and staffing of Catholic Mission Hospitals, where the Gospel message may be acclaimed in the language of love that all the world understands; where Christ's Compassion for the multitude is continued.

On September 30th, more than 500 Medical Mission Sisters will celebrate the 30th birthday of this international Congregation which started as a "Holy Experiment." During the past three decades, under the leadership of the foundress, Mother Anna Dengel, M.D., the scope of the work has been enlarged and the number of medical mission centers has increased to thirty-three, scattered across five continents, from the Motherhouse in Philadelphia, to the Islands of Indonesia.

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1925-1955

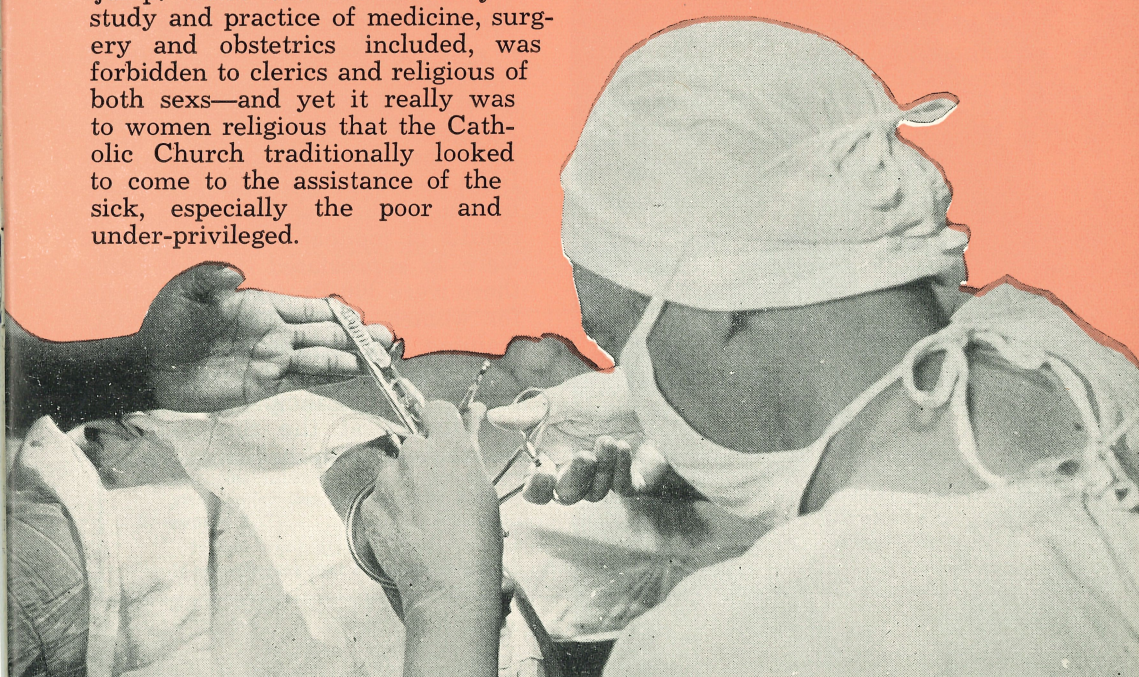
Thirty Years of the HOLY EXPERIMENT

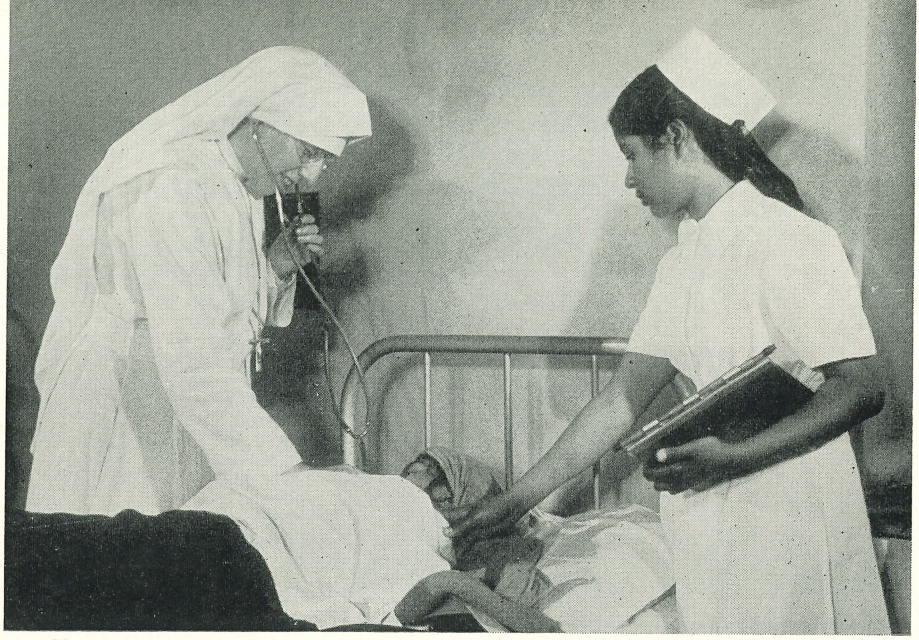
Mother Anna Dengel S.C.M.M., M.D.

IT WAS in the early months of 1925 that discussion and exchange of experiences between Rev. Michael A. Mathis, C.S.C., and myself led to a plan to establish a religious community to serve the sick in mission lands. The need of such a community, even the blind could see. It is no secret anymore, that half the world is born, lives and dies without its due share of spiritual and physical aid available to the other half. In the Western world the problem now is to find ways and means to make old age satisfying and happy; in the Eastern world it is to raise the expectancy of life from an average of 30 to an age where the majority of people can contribute to the all around upbuilding of their country.

Something else also was very evident — namely that good will and desire to help could only be made effective if joined to the "know how" of the 20th century. To save the lives of mothers and babies, to diagnose, prescribe, treat, operate, nurse and generally take care of the sick in the missions obviously required professionally trained missionaries—doctors, pharmacists, nurses, technicians and others.

With devotion and knowledge as allies, the task to serve the sick, no disease or condition excepted, seemed feasible but there was still a hurdle to jump. Since the 12th century the study and practice of medicine, surgery and obstetrics included, was forbidden to clerics and religious of both sexs—and yet it really was to women religious that the Catholic Church traditionally looked to come to the assistance of the sick, especially the poor and under-privileged.



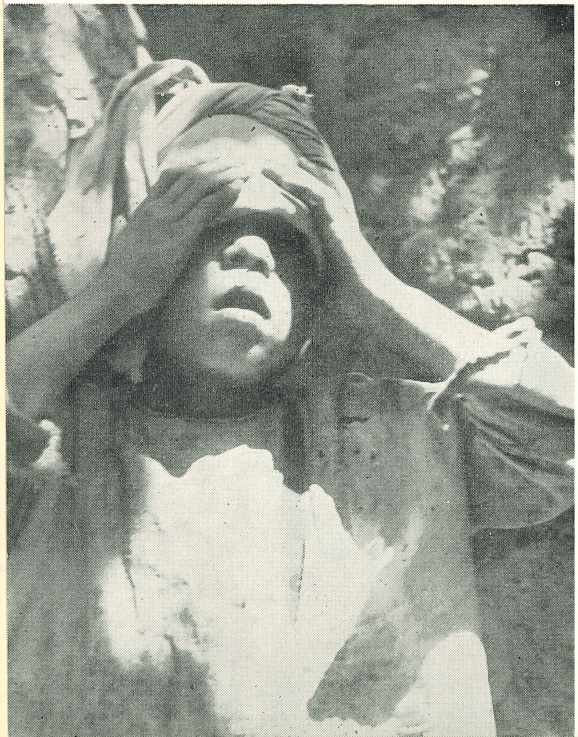


The missions need professionally trained missionaries—doctors, nurses, pharmacists. Sr. M. Elise, M.D. and Pakistani nurse, Holy Family Hospital Rawalpindi, Pak.

As regards the missions, there really was no place for women until the 19th century, the great era of colonialism which brought with it better living and safer travel conditions. It was an era of great expansion for the missions which called for the collaboration of religious women in the educational and social fields. A totally secular factor, the industrial revolution going on at the same time in the West, helped to prepare them. Industry needed the collaboration of women, which fostered their emancipation and higher education. This in turn made it possible for women to take up most of the professions — including medicine. Protestants with their great social sense quickly took advantage of this and as early as 1870 sent the first woman doctor to India — where she was welcomed by the purdah women. The good results of modern medical science were so appreciated that by 1920, there were 300 Protestant hospitals for women and children in India, training schools for nurses, some general hospitals and three medical schools in the incipient stage.

Catholics at the time had St. Martha's Hospital in Bangalore and

Blindness is common in the East.



Sr. M. Rene (Brooklyn, N. Y.) Pharmacist, Holy Family Hospital, Rawalpindi, Pakistan

at the most six small hospitals including St. Catherine's in Rawalpindi with which I was connected from 1920 to 1924. It had 16 beds and a large out-patient department. There were however, many dispensaries. Every mission had one or more where the milk of human kindness flowed freely and simple treatments were given for fevers, sores and the innumerable ills to which a poor illiterate population, exposed to poor hygiene, is subject. A desire to help, a practical knowledge and experience acquired at home or on the spot cured many ills — otherwise the people would not have continued to have such confidence in the missionaries. But even if the people would still have been satisfied, the missionaries themselves were eager to be in step with what would serve better and best. When I left India in 1924, Archbishop Goodier of Bombay wrote to me: "We all (meaning the bishops) would like hospitals but we do not have the staff nor the means."

The first organized attempt to provide staff came from Rt. Rev. Msgr. Christopher S. Becker, S. D.S., who as Prefect Apostolic of Assam became personally familiar with the deplorable health conditions of the villagers and others. He founded in 1922 the Medical Mission Institute in Würzburg, Germany for lay doctors — men and women who ordinarily attached themselves to already existing hospitals conducted by Sisters.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

WASHINGTON - 1925

The Holy Experiment Begins

THE second organized attempt was our Society — the Society of Catholic Medical Missionaries. We differed in this, that our Society was to be a *religious* community of women, which would not only provide the medically trained Sisters — doctors, pharmacists, nurses etc., but would establish and maintain its own hospitals also. Our Constitutions had to be adapted to a religious Society without public vows — so that the practice of medicine in its full scope would not conflict with the regulations of the Church for Religious. The Rev. Francis X. McBride, C.S.C., a canonist, was very helpful in this. He gave the Constitutions the last going-over on May 17, 1925, the very day of the Canonization of the Little Flower in consequence of which she was inserted as one of our special patrons.

In order to acquaint Archbishop Curley of Baltimore, under whose jurisdiction the proposed foundation would be, Father Mathis, C. S.C. explained to the Rt. Rev. Msgr. Cornelius F. Thomas, Vicar for Religious: the aim and purpose of the proposed Society of Catholic Medical Missionaries, medical needs and customs in the Orient and also the ruling of the Church for religious women as regards the practice of medicine and obstetrics. Monsignor Thomas scrutinized

(l. to r.) Rev. Michael A. Mathis, C. S. C., Sr. Agnes Marie, R. N., and Mother Anna Dengel, M. D.

everything carefully. He called it a "Holy Experiment". He must have presented our cause favorably, for the Archbishop answered the letter of petition by return mail, June 10, 1925, granting permission to make a foundation in Washington, D. C.

The "Holy Experiment" began September 30th. The day was chosen because it was the feast of the Little Flower, the first after her canonization. The keynote of our religious spirit was struck that first day although we were not conscious of it. It was the High Mass celebrated by the Very Rev. Louis Kelly, C.S.C., the Gregorian chant being sung by the Holy Cross Seminarians under the direction of the indefatigable Mr. Benson and the inspiration of the Rev. Michael A. Mathis. In those days Father Mathis did not even know himself that he had liturgy in his blood, but he had. The taste and love for it, is his great contribution to our Society.

Looking back, it strikes one as extraordinary to have thought of a sung Mass in a chapel the size of a small room and for the humble venture of four young women who had come together only a few days before. Perhaps this explains why our Sisters spontaneously, will sing Sunday Mass almost irrespective of the size and quality of the choir and the size of the chapel — if the priest is willing and he usually is.

For four strangers to live together was in itself an experiment. Chicago was represented by Dr. Joanna Lyons, Brooklyn, by Sister M. Laetitia Flieger, R.N., Iowa, by Sister Agnes Marie Ulbrich, R.N., and the Austrian Tyrol, by me. In reality it worked out quite well. Whatever we did, we did in a body, for instance, we even went out shopping together. The work was divided according to capacity. Fortunately we had two good cooks and one typist, which was a great asset. We had an order of the day, with prayer, work and recreation. Rev. Francis P. Goodall, C.S.C., was charged with our spiritual instruction. In the winter we had classes in the kitchen, the only warm place. Our furniture and everything material was minimal, as a matter of fact, we started with nothing. This was worth a lot because it made God's Providence so evident. Besides it gave us endless opportunities to laugh at the funny situations that arose. I am sure we laughed more the first six months than we did all our lives before or after. Anyhow the first year passed quickly. It ended with the taking of the Mission Oath of the first four Members and the first Chapter at which the first regular election of a Superior was held. It was followed in a few days by the first Departure to the missions. Our field of labor was already cut out for us — Rawalpindi — where I had spent three and a half years in St. Catherine's Hospital for Women and Children. Since this hospital conducted by the Franciscan Missionaries of Mary was small and not suitable for a hospital, it subsequently became an orphanage.

New Holy Family Hospital, Rawalpindi, built through the prayers and sacrifices of many.

Building the First Hospital

RAWALPINDI - 1927

IN SEPTEMBER 1926, Dr. Lyons went to Rawalpindi to gain experience and to supervise the construction of our first hospital. It was to be for women and children only, the people of the area being predominantly Moslems whose women are dependent on medical aid by women, owing to the purdah system. It literally and figuratively means that they are behind a curtain, not allowed to be seen by men except those of their immediate household — men doctors, not of the family, also being excluded.

The building of the hospital was an experiment too — not a very successful one. We left it entirely to the Prefect Apostolic who had a great reputation as a Church builder. A hospital to him was just a series of rooms. When building began, what was constructed during the day was torn down during the night until it was discovered that somebody had a grievance about the building obstructing a passage to the cemetery behind. When this was settled the building grew from day to day, in spite of the large devil which our neighbor had painted on his wall facing our hospital to keep away the evil spirits.

The naming of the hospital was as controversial as the naming of the twelfth child. The choice however, proved excellent, so excellent, that with a few justified exceptions we named all our hospitals so far, after the Mother Hospital. The result is that in India and Pakistan we are known as the *Holy Family Sisters*. Often at a railway station, or some other place, people recognizing our habit, will come up to us, point to their child, and say: "Holy Family Baby"! A Pathan who brought his wife with a retinue of 14 relatives from the border of Afghanistan is responsible for confirming us in our choice. After his wife had been comfortably settled in bed and an

hour's chat with the relatives elapsed, Sister thought that the patient had had sufficient time to gain confidence in her surroundings, so she told the relatives that, apart from visiting hours, only one relative was allowed to stay day and night. The husband having read the sign "Holy Family Hospital" at the gate, quickly retorted: "Isn't this the Whole Family Hospital?" He was right in his own way. It, and all our hospitals, are for the *whole* family — father, mother and child — what you do for one, you do for all.

The hospital was actually blessed on December 14, 1927 by His Excellency, Archbishop Edward A. Mooney, then Apostolic Delegate to India. It grew to a 100 bed hospital after a few years when Sr. M. Alma Lalinsky, who was our first Sister to study medicine, was in charge. As time went on it became extremely busy and much too small. This decided us to launch out into a larger, modern hospital which, of course, required big funds. For ten years we begged and begged, and saved every penny

"Of course, this is the 'Whole Family' Hospital, Abdul," Sr. M. Kathleen, R. N. (Jersey City) assures him.

but still it was only a start. We then began to experiment to enlist local help. The interest and contributions were not phenomenal it is true, but still beyond our expecta-

Modern techniques make charity more effective. Sr. M. Josepha, R. T. X-ray (New Britain, Conn.) checks a broken arm, Holy Family Hospital, Rawalpindi, Pakistan.

tions. Our first attempt of this kind was gratifying. Of course, we had given service for years, the hospital was known and the Sister in charge of the campaign was a genius which means that hard work and hard knocks did not discourage her. In the midst of the construction, came the partition of India and Pakistan, with the historic dreadful hegira of millions of Hindus and Sikhs to India and the equally tragic influx of Moslem refugees into Pakistan. In the heat and strife and hatred, what was built of the new hospital was in danger of being demolished but while valuable equipment was burned, the building itself was saved from destruction the last minute, by a sane person, who declared it the Sister's property which meant neutral ground.

The Holy Family Hospital in Rawalpindi is the Mother Hospital of the Society. It has grown slowly through various successive stages. It has suffered. It has gone through fire and it has not even yet fully recovered from the drastic upset of the country. Picturesquely set, at the foot of the Himalaya mountains close to Kashmir, not far from Turkestan and Afghanistan, it is an outpost of the Church on the fringe of the heart of Asia. It daily harbors from 150 to 200 patients and an equal number appear daily in the out-patient department. It trains Christian and Moslem nurses. From its high tower beautiful bells ring out the good tidings of the Angelus three times a day.

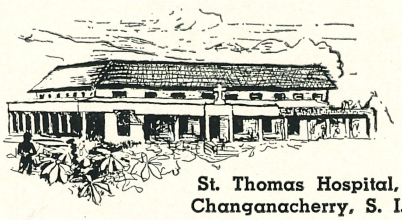
The Holy Family Hospital, being the Mother hospital, has something special and very appropriate to its credit. From it, swarmed forth as a hive of bees, our first group of trained Indian Sisters. Led by a Malabar priest, they came all the way from the land of palms and luxuriant verdure to the desert north to learn the care of the sick in preparation for dedicating themselves to this noble task as religious. Having proved themselves not only as devout Catholics and apt nurses, but also capable of enduring privations and hardships they were allowed to fulfill their heart's desire to become Religious. One may say, "what is in a name?" But the religious names of the four pioneers chosen completely of their own accord, to me, speak volumes. They chose the names of the four saints who stood at the foot of the cross, because to them our vocation meant to serve Christ in His suffering Members. They under-

Some of our Indian novices at Poona, with Sr. M. Xavier (Knobel, Ark.) their mistress of Novices.

stood their calling. The names of the Sisters are: Sister Mary John, Sister Mary Magdalen, Sister Mary Veronica and Sister Mary Salome.

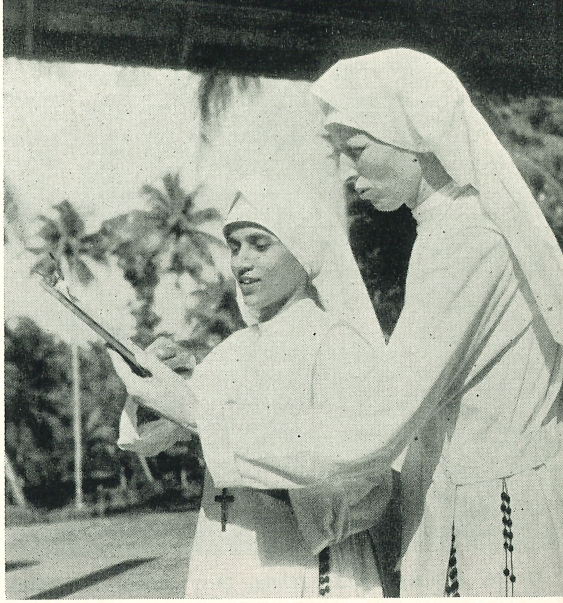
These Sisters of the Syro-Malabar Rite now form a Province with the novitiate in Kottayam, South India. For several years they have successfully conducted a hospital nearby in Bharananganam, and expect to open another one close by this year in Changanacherry.

From the very start, our missionary sense drove us to pass on, to share, to develop in others whatever would help them in turn to help others. Our two main channels for this are our training schools and our novitiates. Apart from the Syro-Malabar novitiate above mentioned we also have one in Poona for Latin rite candidates.



St. Thomas Hospital, Changanacherry, S. I.

It is only in the incipient stage — although it has already several professed Sisters, two medical students in Delhi among them. Having only a few vocations so far, we do not know yet how it will work out, but we just go on doing our best and firmly trust that the day will come when our Indian Sisters will be able to make a big contribution to the spiritual and social progress of their country. May God grant us to be of great service at a time so full of opportunities and potentialities.



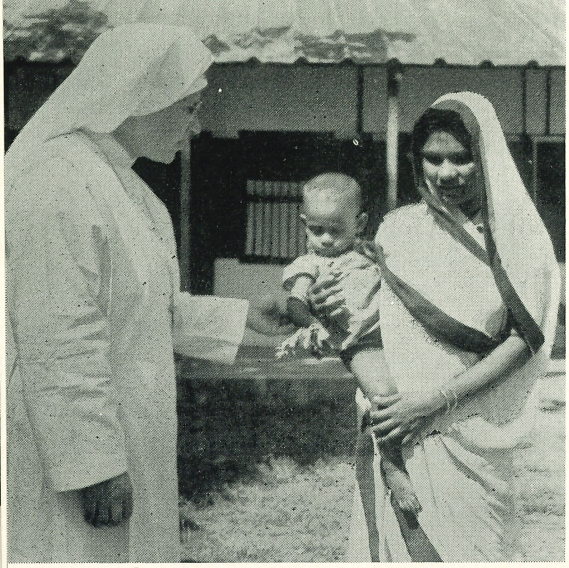
Sr. M. T. Thomas, R.N. (Malabar) and Sr. M. Damian, R.N. (Holland) compare notes at Bharananganam.

Lengthening The Helping Hands

In a Catholic mission hospital, love and sympathy must be a testimony, so to say, that there is a God of love who cares for all His creatures; that all men of all races, of all conditions, are brothers in Christ; that there is right and wrong based on the law of God.

But this testimony will only find a favorable echo if it is coupled with professional competence and skill. Great efforts have to be made to find the wherewithal to build and equip hospitals . . . they are the SINE QUA NON, not only for proper treatment in many cases but they are schools where all who enter may and should learn the Christian way of dealing with suffering humanity.

The doctors, interns, nurses and others may and should learn to become leaders in turn . . . to lengthen the chains of helping hands as much and as quickly as possible.—A.D.



Sr. M. Benedict, M.D. (Phila., Pa.) greets a Bengali Mother and child on a home visit, Dacca.

IN ANOTHER DIRECTION

WHILE Holy Family Hospital in Pindi was growing with aches and pains the experiment went on in other directions. Maternity and Child welfare among the poorest of the poor in Dacca, Bengal was next. It involved training and supervising midwives and going into the homes of the poor, day and night, to conduct deliveries. Owing to the local custom of putting the mothers in temporary shelters adjoining the house, the mothers were usually on the floor and exposed to the inclemencies of the weather. The Sisters could not go to the mothers through the house, as anybody who touched them was unclean. They often literally had to creep in the back way to reach the patient.

This work taught innumerable lessons of how the people live, how poor they are, how handicapped one can be by ignorance and superstition; how much sanitation, environmental hygiene, cooperation of individuals and public bodies it takes to make healthy living possible. It was not surprising that the infant mortality came to about 50%. After eight years of work in the area of our four centers it was 33% less compared to the other areas, proof that if one does something, some progress may be expected.

In Dacca, we were also asked to undertake the supervision of the nursing and the training school in the municipal hospital. The first problem was to get the nurses under control. The measures required were not popular in the beginning but later they were appreciated by all. For 17 years we carried on until on the occasion of my visit, we were asked for 30 Sisters. This being impossible, we gave the authorities two years notice, so as not to embarass them by a hasty withdrawal. It was a profitable experience to work with an English Civil surgeon and Indian staff, and to see the workings of a Municipal hospital. It served also as a teaching hospital for the medical students.

The Angel of Death chose Dacca to take our first Sister, Sister M. Frances Herb, R.N., from Wisconsin. When one lives so closely as we do in community, one gets to know the outstanding virtue or

quality of a fellow Sister. In the case of Sister M. Frances it was love of the poor. She surely had them with her for years in the highways and byways of Dacca. In her spare moments, even on holidays she made little frocks for the children. She always managed to put a bright stripe or some bright spot on them because they would like it better—a small thing — but love indeed. Sister M. Bernard from England also died in Dacca only recently. She had been several years in the small hospital in Mymensingh as general housekeeper and was transferred to Dacca to help Sister M. Benedict, M.D., who was engaged in the one hundred and one things needed for the new hospital there under construction. When Sister M. Bernard fell ill and had to undergo several operations, she composed a prayer asking God to accept her sufferings for the good of the new hospital. It seems that every mission rests on the foundation of prayer and sacrifice. It is surprising how varied and unexpected the latter can be.

KARACHI - 1948

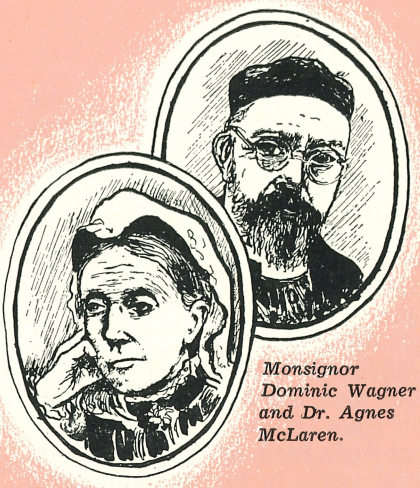
Holy Family Hospital

As Rawalpindi, Pakistan, is so far inland, a hospital in Karachi where our Sisters land bag and baggage. It is the latter that is the problem as one has to import many things to practice twentieth century medicine. Karachi, the Capital of Pakistan, is a large and beautiful city in a sandy desert. Our 80 bed hospital there is like a one winged bird — not that it lost its other wing — but it has not grown it yet. Our friends and ex-patients their htve been very kind and generous. We hope that in time we will be able to give them a bigger and better hospital.

A Muslim woman consults Sr. M. Brigetta, R.N. (Sask., Canada) about her baby.

ENGLAND — 1931

The Half-way House



Monsignor Dominic Wagner and Dr. Agnes McLaren.

VOCATIONS were few in the early days of the Society and because a good number were not professionally trained when they entered, it took years before we could undertake our next mission. In the meantime however, we branched out nearer home. It was only logical that we should start a house in England where we had our roots, so to say, through Dr. Agnes McLaren, the London Committee and Msgr. Dominic Wagner of Mill Hill.

In 1904 Dr. McLaren, a Scottish convert, met Msgr. Dominic Wagner. For 26 years he had been Prefect Apostolic of Rawalpindi, North India (now Pakistan). In all that time, he had never seen the face of a Muslim woman because they never appeared in public without a *burkha,* which covered them from head to foot. Dr. McLaren had heard of the unrelieved suffering of these purdah women because they were debarred from medical aid except that given by women doctors — and these were almost non-existent. Immediately, in response to Msgr. Wagner's pleas for women doctors to help them, she volunteered to cooperate.

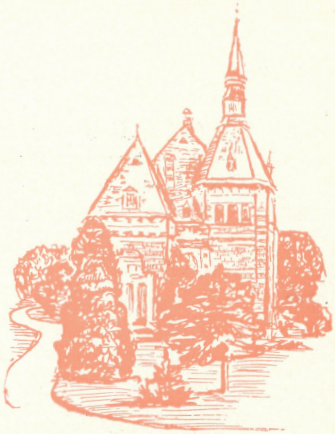
For her to see a need, was to do something about it. She founded a committee in London; money was collected and with these funds Msgr. Wagner purchased a bungalow in Rawalpindi, in which St. Catherine's Hospital was established. From the beginning Dr. McLaren saw that Sister doctors were necessary for this work. Five times before her death she journeyed to Rome for the permission for Sisters to study medicine but although not granted then, it was through Dr. McLaren that I heard of the need.

In 1931, we started in England. Miss Pauline Willis and Miss Agnes Storer, the daughter of Horatio Storer of Boston, helped us to buy a house in Osterley adjoining Father Lester's College for late Vocations. The greatest advantage of locating there was the availability of spiritual care, not an easy problem in London, and the other was the lovely gardens all around us.

Osterley has served as a midway house between the U. S. and the Orient and also until recently as a postulate for European candidates. Since an English novitiate was established at South Shields, near Newcastle on Tyne, the postulants go there directly. Progress is slow, but we are happy to say that several Sisters have not only been professed but have gone to India.

HOLLAND — 1939

NEW HORIZONS



Imstenrade, Heerlen, Holland

THE STORY of Holland is different. The Dutch Catholics are known for their mission spirit and their numerous mission vocations. No sooner, than news of our foundation reached Holland, we had enquiries. Drawn to the Medical Mission Apostolate and not having an opportunity for it at home, candidates in growing numbers came over to join us. As the prospects of interest and vocations were good, after a few years we launched a small group of pioneers to start a house in Holland.

The Sisters had hardly landed when war was imminent. What to do? To go on anyhow, was the decision. We were received into the diocese of Roermand, Limburg, by the kindly Bishop Jozef H. G. Lemmens, known as "Father Bishop." The Motherhouse was exceedingly poor for a long time; all we could give the Dutch Sisters in 1939 to start out, was a typewriter and $100. Like the loaves and the fishes this has multiplied into a beautiful house and property with the assets necessary for the functioning of a group of over 100 professed Sisters and about 40 no-

"Your sisters are the same here as in Pakistan — and you always smile." Begum Liaquat Khan, Ambassador to Netherlands, on a recent visit to Imstenrade Heerlen.

of Studies for medical students vices and postulants. The House and other branches of our work is in the historic city of Utrecht in a building loaned by the Knights of Malta.

Imstenrade, as the Provincial House is called, had its baptism of fire. In one of the air raids, English incendiary bombs were showered on it by mistake. What the resulting fire spared, the extinguishing waters accomplished in damage so that the Sisters had to move temporarily to an old farm, until the house was made habitable again. In turn, they had German, English and American soldiers quartered in and around the house. The neighboring woods were ideal for foxholes. The bombing, evacuation, starvation, instead of weakening, strengthened the community and was a preparation and a guarantee that they could go through thick and thin together, under stress and strain, as missionaries inevitably have to sooner or later.

Although the Dutch, like every other nationality, have a character of their own, they fit in well with the spirit of the motherhouse which should be called the spirit of the Society — a spirit of simplicity, generosity and cheerfulness, working with a purpose, preparing for a task and doing it with a sense of responsibility. As regards the spirituality of the Society based on the Liturgy, one may say that in Holland there is no need to emphasize it, as Catholic life in the whole country, from the home and school up, is keyed to it.

The Dutch Sisters very logically and fittingly were invited to Indonesia. The first work that fell to their lot was the government school for midwives in Makassar, Celebes. It was, and is still, the largest school of its kind in Indonesia, with 3,000 deliveries a year. The students come from Islands, large and small, and have to assume major responsibilities after their two year course. The students I met on the occasion of my visitation, were cultured young women, able to sing, dance and recite and meet anybody without shyness. On the occasion of an entertainment, each dressed in her own special costume, different on every Island and gave us an opportunity to hear their own language. A young princess was among the students, showing a new trend in the Orient — the recognition of the nobility of service. A Chinese woman doctor, a convert, has been with the Sisters from the start, an incalculable asset. The Sisters visit the mothers in the kampongs. On my rounds with them I noticed that the people were very friendly and quite at home with the Sisters.

Midwifery student from the Sangihe Islands, N. Celebes.

In Java, the Sisters pitched their

first tent in an old house in a Chinese section of Solo. The babies born in the little Maternity Hospital were mostly Chinese. One must have seen them lined up in their little cribs to wonder who are more winsome, the Indian babies with their large black rimmed eyes or the chubby little Chinese babies.

Our greatest joy is that several young Javanese women are wearing our livery, studying our Constitutions and Directives, joining us in our aims and ideal — to help the sick and suffering, promote health and happiness, to make Christ's love and sympathy present in the lovely Islands of Indonesia.

To understand the mentality, the culture, the leanings, the way of doing things of our candidates requires intuition born of love, an open mind and a conscious effort to learn and observe, to adapt the existing as much as possible to new demands. After all the Orient is no longer static, it is in a furious process of catching up with western

First Javanese novices, Sr. M. Regina and Sr. M. Alberta.

civilization in all that makes for a better standard of living. This requires heroic measures and new ways. The only thing we may usefully keep in mind is that the Orientals may want to walk to the same goal by a different route. No use forcing them to the route we know best. There are many ways to Rome.

Zulu miner, Welkom, South Africa

Several years ago the Dutch Sisters were asked to take over the management and nursing of a 350 bed industrial hospital for negro miners in the Orange Free State, South Africa. This territory was settled by the Boers, descendants of the Dutch. The language is Africaans, derived from the Dutch but mixed and altered considerably. Let us picture a scene in this hospital: a big black Zulu with a fractured spine, attended by a fair skinned Dutch Sister in immaculate white habit, and think at the same time of the gold mine where the accident happened. One could philosophize *ad infinitum* about the negro labor question, the Mystical Body of Christ, colonialism, capitalism, Communism, and so on. No use for us to analyze and philosophize, we are there to work out our own sanctification and to make these Zulus feel the goodness of Christianity.

PATNA — 1939

HOSPITAL in a CATHEDRAL

WHEN we were not even one year old and still in the little rented house at 1000 Newton Street, Washington, D. C., Rev. J. Creane, S.J. from the Patna Mission came to ask us to start a hospital in Patna, India. Lightheartedly we promised not realizing that it would take us from 1926 to 1939 to keep our promise. It turned out to be a real experiment. The Bishop gave us an earthquake-shaken Cathedral to live in, and a small one-story building to work in — all this in the midst of a hustling bustling bazaar, on a road full of movement from dawn to dark. We ourselves had nothing, except ourselves. We were as truly poor as the mice in our Cathedral. Fortunately the pioneer of this mission was Sister M. Laetitia who can start anything on a shoe string.

Living in the Cathedral did not prove a great hardship as it is high and airy. The Blessed Sacrament was reserved on the original altar, the Sanctuary and a small space beyond it were walled-off to be the chapel, the rest serving as dormitory. Besides our Sisters and the Indian Sisters in training, 50 or more Catholic lay nurses and an equal or greater number of employees now crowd into this chapel for Mass and Benediction. Unlike the hospital it could not be enlarged to keep pace with the growth of the work. One building after another has been added to accommodate 150 patients and more. Patna is in an area where the masses are very poor and where there are more tropical diseases and epidemics than in any of our other missions. It is our poorest and busiest hospital. We are looking forward to the day next year when we can offer our patients better accommodations in

Sr. M. Jane Francis, Pharm. (Akron, Ohio) and T. B. patient on his brother's back, Patna.

a new hospital beautifully situated on the River Ganges, on 20 acres of land donated by the Jesuit Fathers. The new building is now rising under the eagle-eye and strong hand of Rev. Father Loesch, S.J., a veteran builder and Rev. Father Stegman, S.J. Nobody will ever know how many drops of mental and physical perspiration go into the building of a modern hospital in India, doubly and trebly so, if one has to find a gold mine and then extract the gold to finance it. For years we begged and saved, which enabled us to make a good start, but to really accomplish this 200 bed project we needed a big lump sum so as not to drag the building out *ad infinitum.* Rev. Father Loesch negotiated a loan of $200,000 from the Bihar government which we are to pay off in 15 years. On the one hand it shows the confidence of the government in us which we appreciate; on the other it shows again our blind confidence in the Bank of God's Providence, of which our friends are the shareholders.

"Show the Sister your nice bandage, Yusef," says Sr. M. Leoni, M.D., Holy Family Hospital, Patna.

Professions – August 15, 1955

FIRST VOWS—PHILADELPHIA

Sr. M. Marina Grace, R.N., Chester, Pa.
Sr. M. Baptista Castro, R.N., Iloilo City, P.I.
Sr. M. Mercedes Horcher, B.S., Philadelphia, Pa.
Sr. M. Isidore Bollich, B.A., Eunice, La.
Sr. M. Janice Shea, Waterbury, Connecticut
Sr. M. Assumpta O'Sullivan, R.N., N. Y. City, N. Y.

FIRST VOWS—ENGLAND

Sr. Marie Estelle Brown, B.S. Pharm., Cardiff, S. Wales

FIRST VOWS—INDIA

Sr. F. Dominic Marie Vetipappallil, R.N. and
Sr. F. Marie Lourdes Tobin in Poona

FINAL VOWS—PHILADELPHIA

Sr. M. Felicitas Aranda, R.N., Manila, P.I.
Sr. M. Julia Burkart, New Orleans, La.
Sr. M. Joseph Edelen, B.S., Pharm., Baltimore, Md.
Sr. M. Emmanuel Murray, Philadelphia, Pa.
Sr. M. Gregory Gates, M.D., Hamburg, N. Y.

FINAL VOWS—MISSIONS

Sr. M. Joanna Billette, Montreal, Can. in Karachi, Pak.
Sr. M. Praxedes Mota, M.D., Belo Horizonte, Brazil and
Sr. M. Victoria Pritchard, Petropolis, Brazil in Venezuela.

SANTA FE — 1943

TO THE SOUTH WEST

MOST people would never surmise or even believe that Archbishops are concerned about the survival of babies or mothers in childbirth. But I know one Archbishop who was: Archbishop Gerken of Santa Fe, New Mexico. He described to me almost with tears in his eyes the plight of the mothers in those scattered adobe homes and the hosts of infants who died instead of peopling the vast empty stretches of his Diocese. He reinforced his plea with statistics from the Children's Bureau in Washington, D. C. according to which New Mexico had the highest maternal and second highest infant mortality in the country. This was during the late war when very few doctors were available; but even if they had been, the poor, among the Mexicans could not afford their care besides culturally and traditionally they were accustomed to midwives.

The Children's Bureau decided to solve the problem by introducing nurse-midwives. Archbishop Gerken was in favor but as nearly all of the people in need of this service were Catholics he wanted to see the work in Catholic hands. The authorities of the Children's Bureau were most understanding, not only of the medical but also of the ethical and cultural aspects involved and did everything to facilitate the Archbishop's wish . . . to have Sisters. That is how we came into the picture as we were at the time probably the only Sisters in the United States to whom such work was not foreign. It is everyday practice for us in the missions.

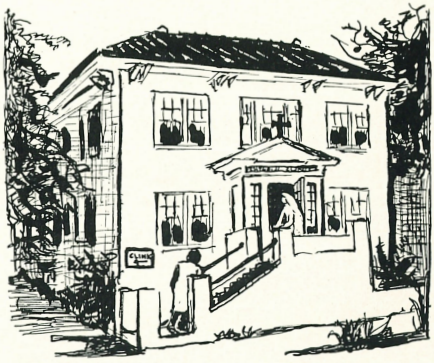
Two well-trained Sister nurse-midwives went off to start the experiment: home deliveries in a 30 mile radius, day and night, not on horseback as in Kentucky but in a good old Ford. When the service was well established, the school for nurse-midwives was started, the first and so far, the only school of nurse - midwives under Catholic auspices in the U.S.A. It has not grown by leaps and bounds but it has graduated a goodly number of students who are now rendering service in different parts of the world. The guest book can show

Sr. M. Patrick, R.N. (Bronx, N. Y.) on a home visit, Santa Fe, N. Mexico

1944

CATHOLIC COLORED CLINIC

Atlanta, Ga.



A CATHOLIC Clinic for the Colored had been started by apostolic-minded lay people in Atlanta, Georgia. When it developed to dimensions of requiring regular service, it was decided to ask Sisters to undertake it. We were the Sisters. When I visited Atlanta at the request of Miss Fahy, I could not help but be impressed by the need, especially as Bishop Gerald O'Hara (now Archbishop O'Hara) endorsed it and cordially invited us to take it up. We agreed to do so for the duration of the war as we could not go to the Orient. But we are still there. It is difficult to give up a work once started, a good lesson to learn. That does not mean however that we are not glad to be still in Atlanta, we are, and we even hope that the work will grow. In the meantime, it goes on in the crowded building which boasts of a four-bed-ward, an operating room, lab and rooms for out-patient services. Five different weekly clinics are scheduled. All the doctors, Catholic and non-Catholic, white and colored have always given their services free. It is *their* clinic, they take a real interest in it. The whole spirit is a family spirit. It is interesting to watch the patients, they seem perfectly at ease and many funny and wise words fall from their lips. No dull moments here.

SANTA FE (continued)

interested visitors from many countries, including a sheik from Saudi Arabia.

Natural childbirth is the practice for all normal deliveries by the nurse-midwives, a practice which is gaining favor in some circles in the United States, and is the ordinary procedure in the greater part of the world.

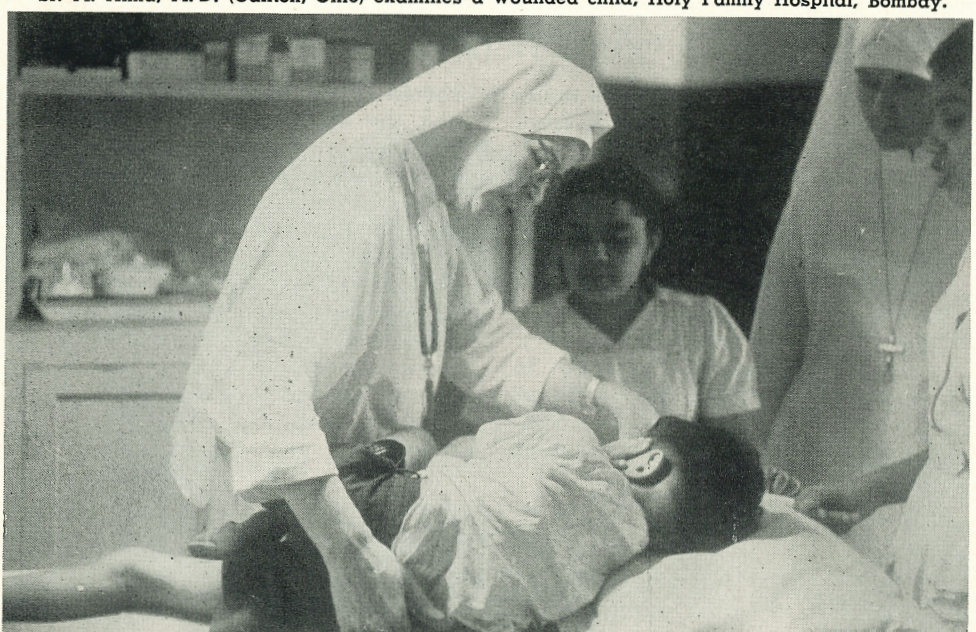
In the Maternity Institute in Santa Fe, every mother without exception has the benefit of a complete medical examination, regular check-ups by the nurse-midwives and the assurance of the services of a specialist obstetrician in case of need. Needless to say, with such care, the results have been most gratifying. All the pros and cons have not been clarified yet; to clarify them one has to look harder and deeper into the many sided problems of childbirth: the dignity, responsibility and happiness of the role of fathers and mothers as co-creators with God — is one of them.

Two Recent Hospitals

A group of Malayalam children gather to greet the Sisters on arrival at the Attipetty Memorial Hospital, Thuruthipuram, S. India.

IN India we are able to welcome our Sisters on arrival in Bombay. It means much, especially to the uninitiated. Our little Holy Family hospital is in the suburb of Bandra. From the roof one can see the Indian Ocean and four spires of Catholic Churches. Bandra is as Catholic and devout as any place in a Catholic country. In my estimation if anybody deserves a Catholic hospital — it is Catholics. At what time in his life would a real Catholic appreciate more being in his own atmosphere — with everything for his soul, mind and body at hand? There is really something lacking in a Catholic country if it does not provide for the care of the sick — especially if nothing else is available — which of course, is not the case in Bombay. It was however, the case in our latest village enterprise in Thuruthipuram, South India. It was to fill such a gap that prompted the parish priest in Thuruthipuram to build a hospital and then he invited us to staff it.

Sr. M. Alma, M. D. (Canton, Ohio) examines a wounded child, Holy Family Hospital, Bombay.



THE BIGGEST RISK

PERHAPS the biggest risk we ever undertook was something everybody wanted, but to which everyone including the Bishop, shrugged their shoulders. It was just impossible to foresee whether a hospital in an isolated country spot could function and really serve the people.

A priest, the idealistic type, brimful of love for the Chota Nagpur Aboriginals, had asked the Government for a grant to build two small wards in his parish in Mandar. When the two wards were completed, there was a big "tamasha". The Governor and crowds of Aboriginals came, drums and all.

Father de Meulder, S.J. was happy but in a predicament. This is where we came in. There was an S.O.S. describing the grandiose inauguration and the anticlimax of staffless wards. I was in Patna at the time so Sister M. Laetitia and I took the night train and arrived the next morning. It did not take long to size up the situation. We looked, listened and did not say much. We stayed three days with the Indian Sisters there. Father de Meulder sent over huge branches of leechies, a fruit beautiful to behold and delicious to eat. He also invited us to an exhibition of medical instruments which he had collected for the hospital. They were neatly displayed on the floor of the rectory porch as the piéce de resistánce. To us they seemed out of Noah's Ark, but we did not want to dampen Father's spirits because we greatly admired his enthusiasm.

To make a long story short, there was a Catholic Church in Mandar, a rectory, a school for boys and a school for girls conducted by Indian Sisters and the two brand new wards, nothing else!

The people lived in innumerable villages all around. Many were Catholics. They were poor as regards cash. I suppose they belong to the big class in India whose cash income is $50.00 a year with which they have to buy everything they do not grow, plus paying taxes, etc. For medical aid they could spare a little rice, or nothing.

I was puzzled, as was everybody else, swinging between wanting to help the people and not seeing a way to do it. Finally, not getting anywhere with analyzing the situation, I said to Sister M. Laetitia: "Would you have the courage to undertake it?" She said, "Yes." Nothing more was said between us. There was nothing to say. We told the Bishop and Father de Meulder that we would come. Then we returned to Patna.

In due time, Sister M. Laetitia moved to Mandar. She relieved

Sr. M. Dennis counts the laundry with the Dhobi's wife and son Holy Family Hospital Mandar, India

Sr. M. David, R. N. (Milwaukee, Wisconsin) conducts the School of Nursing, Mandar, India.

Sr. M. Francis, M. D., Sr. M. Barbara, M. D. and Sr. M. Colette, R. N., check the patient's x-ray before the operation.

Holy Family Hospital, Mandar, India

Patna of any equipment she could, taking with her a bedridden, mentally retarded boy whom a fond mother had confided to her care, before returning to Europe. His mother contributed to his keep which helped finances a little in the early days .

A whole book could be written of events connected with the building-up of a village hospital where wells have to be dug, electricity generated on the spot and everything brought in. On one occasion, window glass from Belgium was actually on a truck a few miles from Mandar, when the truck upset and the glass was smashed.

Anyhow, the great surprise was that the people came to the dispensary and hospital from the very start, in great numbers. To pacify a man who wanted to be attended to before it was his turn, Sister said: "What did you do before we came?" "We died," was his reply. That could be repeated in many villages in India and Pakistan, and there are 700,000 of them!

The hospital has grown by leaps and bounds. Brother Joseph, S.J., an Aboriginal himself, was the Sisters right hand in their building projects which are not finished yet. The 150 beds are not sufficient for the villagers and others who come from far and wide especially for surgery for which Mandar has acquired a reputation. The Nurses' Training School has also done well. An Aboriginal nurse from the school recently came out first in the final exams in the Province of Bihar. Two graduates have joined our Society.

The Holy Family Hospital in Mandar is a favorite hospital for missionary priests and Sisters. In addition to the Catholic atmosphere, sisterly solicitude and efficient care, they also enjoy the rural life and scenery and the climate which is delightful, at least the greater part of the year. I wish we could offer the Missionaries in all our hospitals the same. Not every place is so favored by nature but in all our hospitals we are happy to do what we can for them.

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LIGHT SHALL SHINE

— IN DARKEST AFRICA

THE question may be asked, why start a mission here, and not there, or why start one at all? The answer is: only God knows. In 1936 when I made a trip around the world at the invitation of a friend, I took with me as "vade mecum" the directory of all the missions. On the boat, I amused myself writing in English or French to the Bishops in Africa, China and many other places (not in India as we were already familiar with conditions there) asking for information about health conditions in their territory and the medical facilities available.

Many Bishops answered, especially from Africa. Bishop H. Paulissen of the Society of African Missions, in addition to giving the requested information, asked that we establish a Dispensary in his diocese of Kumasi, 100 miles inland in the Gold Coast. It took several years of negotiation and preparation, before the happy day when three of our pioneers were paternally received by the Bishop, and ceremoniously welcomed by the Ashanti Chief, elders, and great crowds of people. It seems that the people sense the importance and consequences of events more than we do, or perhaps it is their way of expressing their great expectations. After all, how could one be received with so much glamour and then not do great things? Not bad psychology!

Soon after — the ceremonial umbrellas were folded, the music of the drums died down, and the Ashanti men, women, youths, maidens and children dispersed to their villages — and housekeeping began in the bush dispensary. No electric light, very little water, no fresh milk, mostly tinned foods. Patients soon came and at all hours. Mothers came for confinement. After the birth of the child, Sister had to announce the happy event to the relatives assembled on the grounds. They clapped their hands and off they went to the village to celebrate. The next day, mother and baby and the whole retinue happily and gaily wended their way home.

Since the early days, the dispensary has grown to a 100 bed one-story hospital with a Nurses' Training School attached. When the young Ashanti women heard that a school of nursing would be opened at our Holy Family Hospital in Berekum, they did not

Sr. M. Laetitia, R.N. (Brooklyn, N. Y.) one of the pioneer members of S.C.M.M.

Welcome to Africa! the ceremonial umbrellas of the Ashanti chiefs are unfurled, the people all turn out.

waste time to write for information or fill out forms, they just came. Sometimes they also just go again!

In the meantime, some 40 miles away another little hospital has arisen at the request of the Chief who was responsible for getting the land and a building grant.

In the Gold Coast as in other parts of Africa and in the Orient, there are many victims of leprosy waiting still for better days. Science can give them much now, but it takes the loving heart and the generous purse to bring it to them.

Africa is calling loudly! A huge land that covers 17% of the land surface of the earth and has 7% of the world's population. 8% are Catholics and millions would gladly be if Christ's ambassadors came to them in great numbers, gathering the children around them, instructing, healing, doing good to all. There is cause for a real rush — the best "gold rush" imaginable. We have many urgent requests from Africa. We will expand as soon as volunteers rush in.

May They Rest In Peace

Please pray for our recently deceased benefactors:

Miss Catherine Brady, Collegeville, Pa.
Mr. Fred Byer, Hohokus, New Jersey
Mr. John B. Callahan, Catonsville, Md.
Miss Helen Curtis, Sheridan, Montana
Mr. William Gaynor, St. Louis, Mo.
Miss Agnes Gaynor, St. Louis, Mo.
Miss Marie Merkert, Brooklyn, N. Y.
Mrs. Leo Merle, San Francisco, Cal.
Miss Mary Nauke, Brooklyn, N. Y.
Mrs. Tom Robinson, Portsmouth, Va.
Mrs. Mary McG. Schmitt, Houston, Tex.
Mrs. Nelson Spiess, Wauwatosa, Wis.
Mr. H. W. Wheatley, Washington, D. C.
Mr. Alex Zajac, Chicago, Ill.

SINK OR SWIM

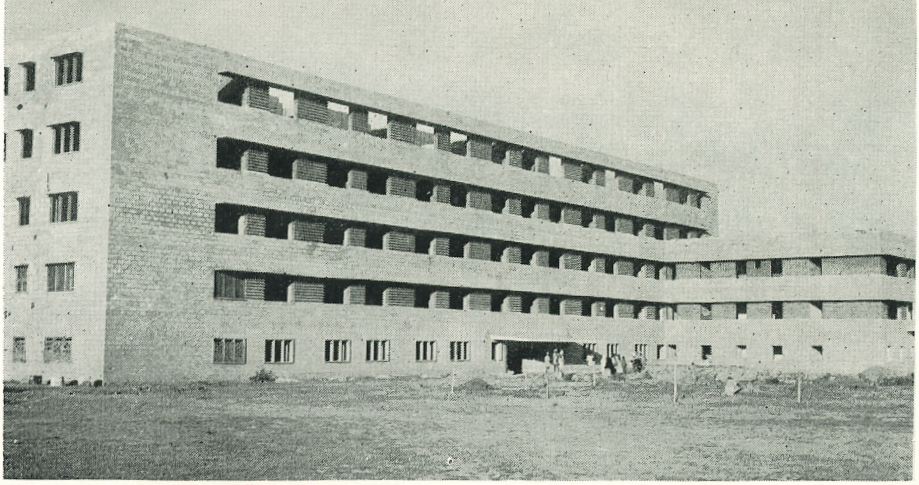
IT ALSO happened that we were put into a situation of *sink* or *swim*. This was the case in Delhi. We *did* promise the venerable old prelate, Archbishop Patrick Sylvester Mulligan, O.F.M., Cap., to realize what he called the greatest dream of his life, namely the establishment of a Catholic hospital in Delhi, but we wanted to do it with proper forethought, planning and preparation. However, man proposes and God disposes.

The new Archbishop, eager no doubt, to carry out the wishes of Archbishop Mulligan, asked the Government for a grant. In view of the great need of more hospital facilities in the rapidly growing capital, a subsidy of $40,000 was sanctioned without delay. According to regulations, building had to be started within the fiscal year which necessitated quick action. The site previously determined upon was changed and construction of the hospital began before we even knew of it! Then, all of a sudden, the task was in our lap.

The Sisters, in charge of these building projects need special guardian angels to climb bamboo ladders but even more so, to ascend the 12 steps of humility and to cling for dear life to the top rung of patience and endurance. The victory depends on the latter.

A project of this kind, a 200 bed modern hospital, has to be dreamed of, started, continued and brought to the point of functioning. The first and second stages were accomplished by others; the third stage was by far the most difficult because it involved all the details of hospital construction and the finances. For the latter, we used our usual method: a) laying the project before our friends at home and appealing to their charity for help and b) making the utmost effort to get local contributions. Our friends were generous but we do not have enough of them yet to make such a big project pos-

She carried bricks for Holy Family Hospital, New Delhi.



Holy Family Hospital, New Delhi, India, almost ready to open.

sible. Locally we received very little, partly because Indians and others staffing the 60 embassies there cannot understand how Americans can need money; and partly because well-to-do residents of the capital are overwhelmed with demands for social projects in the city and these being their own, are nearer to their heart and their purse. Another factor. no doubt. is that we had not had an opportunity to establish confidence as in our other missions where we started in a small way and built up gradually. As there is no Catholic hospital within hundreds of miles of Delhi, the people do not know what to expect of such a novelty as a Sisters' hospital.

Our failure to get local help was not only a disappointment. but also a dilemma. We could blame ourselves for not having grasped the psychological background, but on the other hand. we did not rush into it ourselves. This made us say with all the more confidence: "Our help is in the name of the Lord."

In October 1953, the building had already assumed impressive proportions when the foundation stone was laid by the Vice President of India, Dr. S. Radhakrishnan and blessed by His Excellency Archbishop Joseph Fernandez in the presence of Monsignor Sean Gordon, (delegate of the Apostolic Internuncio), the Honorable Rajkumari Amrit Kaur, (Union Health Minister), the State Minister of Health, the head of the Indian Red Cross Society and over 500 invited guests.

After a breathing spell of a year (during which time, we by no means stopped breathing) we were able to resume building, thanks to more donations received and to a substantial loan, fortunately without interest. The latter factor however, makes it all the more imperative to repay at the earliest.

If we cannot actually open the hospital for our thirtieth anniversary as planned, we can at least say that the dispensary is already in operation and that the hospital, will be, soon. Few people realize what a complex institution a hospital is, with its many departments, its many types of staff, its great moral and professional responsibilities, its hourly delicate human relationships. No wonder that in the ages of Faith, Catholic hospitals placed themselves under the special protection and guidance of the Holy Ghost, like the still existing Spiritu Sancto Hospital in Rome founded by Pope Innocent XII. We will certainly need the Holy Ghost, the Spirit of light and love to make Holy Family Hospital, Delhi live up to the words engraved on the Foundation Stone: "To the greater glory of God and to the cause of suffering humanity."

"Let love light up our mortal frame . . .
'Til others catch the living flame."

Hymn from Terce

A JOYFUL EVENT . . . .

Sr. M. Benedict, M.D.
Philadelphia, Pa.
Returned to Pakistan

Sr. M. Christine, M.D.
Louisville, Ky.
to India

Sr. M. Praxedes, M.D.
Belo Horizonte, Brazil
to India

Sr. M. Frederic, M.D.
Brooklyn, N. Y.
to India

Sr. M. Angelina, B.S. in Pharm., Cebu, P. I.
to Pakistan

Sr. M. Lourdes, R.N.
St. Albans, N.Y.
to Pakistan

Sr. M. Andrea, R.N.
Renova, Pa.
to India

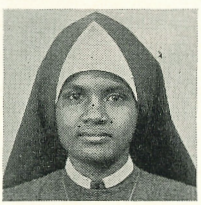
Sr. M. Nathaniel, M.Ed., Augusta, Me.
to India

Sr. M. Florence, R.N.
St. Louis, Mo.
to So. America

Sr. M. Columba, R.N.
Lanarkshire, Scotland
to India

Sr. M. Gemma, R.N.
Salem, Mass.
to Pakistan

Sr. M. Liguori, X-ray Tech., Phila., Pa.
to Pakistan



Sr. M. Philomena, M.T.
Belmont, Trinidad, B.W.I., to India

Sr. M. Aloysius, M.T.
Superior, Wisc.
to So. America

Sr. M. Godric
Bournemouth, England
to India

Sr. M. Mercedes, B. S.
Phila., Pa.
to So. America

Sr. M. Assumpta, R.N.
New York, N. Y.
to So. America

FROM OUR DUTCH PROVINCE

TO INDONESIA:

Sr. M. Augustina, R.N., Sr. M. Hortense, M. T., Sr. M. Matthias, R.N., Sr. M. Gabriel. M.D., Sr. M. Francisca, B.S. in Pharm.

TO SOUTH AFRICA:

Sr. Louise Marie, R.N., Sr. M. Dominica, R.N., Sr. M. Edith, R.N., Sr. M. Elisabeth, R.N.

41 TO THE MISSIONS IN 1955

Sr. M. Domitilla, B.S. in Pharm., Cebu, P. I. to Pakistan

Sr. M. Joseph, B.S. in Pharm., Baltimore, Md. to S. America

Sr. M. Theodore, B.S. in Pharm., Cinn., O. to Africa

Sr. M. Cajetan No. Ormesley, England to Pakistan

Sr. M. Bonaventure, R.N., Brooklyn, N.Y. to Pakistan

Sr. M. Patricia, R.N. Tarrytown, N. Y. to Africa

Sr. M. Patrick, R.N. Bronx, N.Y. to Africa

Sr. M. Teresita, R.N. Philadelphia, Pa. to Pakistan

Sr. M. Felicitas, R.N. Rizal City, P. I. to India

Sr. M. Caroline, R.N. Milton, Mass. to India

Sr. M. Leonard, X-ray Tech., Catonsville, Md. to So. America

Sr. M. Yvonne Elie, Manitoba to England

Sr. Marie Joan, M.T. Philadelphia, Pa. to Pakistan

Sr. M. Bede, M.T. St. Cloud, Minn. to India

Sr. M. Marina, R. N. Phila., Pa. to So. America

THESE Sisters know the joy of giving as they go off to the missions. But it's half a world away, and there are many passages to pay, before we can call "all aboard" for this group. Help yourself to a share in their happiness by contributing to the cost of carrying them across. Each Sister needs $500.

GREAT WORLDS TO CONQUER

THIRTY years is half, or at the most, one-third of the life-span of an individual but in the life of a religious community it is just a beginning. The seed first has to germinate underground and when it comes up, the young plant is exposed to many risks, challenges, dangers, especially in its early days — the most vulnerable stage. Every seed will only flower and fruit according to its own inherent elements. A seed of a violet will only develop into a violet. It sucks out from the earth just what it specifically needs to become a violet. It it is planted in a terrain which does not have what it needs or too little of it, it dies or is stunted. So it seems to be with a community —a new flower in the garden of the Church — a new way of achieving the purpose of all creatures and all creation — a new way of glorifying God. The new community has, so to say, to suck out from the Gospel, the elements of its specific *raison d'être,* its specific way to glorify God. In our Society our Lord's injunction: "So let your light shine before men that they may see your good works, and glorify your Father, who is in heaven", sums up our whole purpose, our ultimate aims, Our love and devotion coupled with knowledge and skill are the light, serving the sick in the missions — the good works, glorify God. If glorifying God is paramount, all other goals are taken care of *ipso facto.*

Thirty years is truly only a beginning to know the field — its demands, its scope, its special features, its prospects; it is only a short time to establish a way of life suited to the aims and purpose. In our Society we did not have many pre-conceived notions, nor experience, nor traditions. We developed as it seemed reasonable and serviceable for our purpose and only laid down, what we had already lived. In this way we had a continuous growth without any fundamental changes. Our original Constitutions contained in embryo what has since developed.

Our first thirty years have fallen into a very dynamic period of history. Since the end of the 1st World War the face of the world has changed completely, the static portions of it have shaken off foreign yokes. They are asserting their human dignity and their rights and have entered into competition with the rest of mankind, striving to do away with "developed and underdeveloped, civilized and uncivilized, superior race and inferior race, have and have-nots," and so on. The race for One World is on. It is not won yet by far, but the fact that it is in motion is the significant factor and the thing to grasp.

Our task at this thirtieth milestone is a double one; to stabilize the community, rooted and founded on the rock of the never changing Christian principles, and to adapt to the fluctuation of this transition era, so as to be in step with the needs of our own lifetime — into which our responsibility is set by God's Providence.

Stabilizing and adapting to rapidly changing conditions would seem a contradictory task, but it is not, because we have the supernatural guidance of the Church and the grace of our vocation. One has to face the fact that a vocation of our type, in our times, is a demanding one from a natural and supernatural point of view. In our apostolate we are shoulder to shoulder, mind to mind, personality to personality with people of the world. No special allowances are made or if any, they are on the side of expecting more. The Sisters have to compete with lay people to be admitted to professional schools, they have to prove their competence by public examinations, they have to shoulder professional responsibilities before God and man. They have to be in the world and not of it, which means to be in a competitive struggle but in a totally Christian way, and being Religious, *ex-professo* in an evangelical way — which means in the way of selfless love. In this they represent the whole Christian body, a proof of which is that lay people make it possible for religious to be free for totally selfless service. In this way, Christianity's burden of love is carried by all, at least, potentially.

Perhaps in the beginning one goes more by the drive of God's grace and inherent natural tendencies. With time comes experience especially from mistakes and with it analyzing, planning, consolidating, perhaps less dare-and-do and more weigh-and-do.

Anyhow in spite of the different weathers we had to brave on our maiden voyage into a new field, we can honestly say that the winds were favorable to us. Eleven years after our foundation, Rome confirmed the "Holy Experiment". On February 11th, 1936, the Sacred Congregation of Propaganda Fide in the Instruction "Constans ac Sedula", approved of the study and practice of medicine for mission Sisters with public vows. This enabled us to become part of the great militia of the Church. The Hierarchy took a sympathetic interest especially in the person of Archbishop Curley of Baltimore who sanctioned the foundation of

Sr. M. Regina Green (R.I.P.) with one of the babies at holy Family Hospital, Rawalpindi.

Like St. Therese, missioners who die at an early age, must spend their heaven doing good on earth— at least that's what the Medical Mission Sisters at Holy Family Hospital, Rawalpindi, Pakistan, believe. They continue to count Sr. M. Regina, R.N., who died on July 6th as a member of their staff. The Sisters are confident that she will continue her missionary work from heaven.

Gentleness and devotion to duty, qualities for which Sister M. Regina was noted, fitted her for her post as supervisor of the Hospital's nursery. Sister helped many tiny Pakistani babies over those first few difficult days of life. Her example did not go unnoticed by the children's parents who were quick to see the love with which she cared for their babies.

Sr. M. Regina who was from Council Bluffs, Iowa would have celebrated her 35th birthday this month. For many months she had known that she had cancer but she tried to continue her work in the nursery despite the pain she must have felt. Is it any wonder that the Sisters in Pindi are counting on her continued support?

our Society, and very specially in the person of His Eminence, Cardinal Dougherty who when consulted encouraged the foundation. His Eminence not only invited us to establish our Motherhouse in Philadelphia but asked the Holy Father twice to permit us to make Public vows. His Eminence never missed an opportunity to commend us to the kindness of the clergy, religious and laity. He was truly a Foundation Stone.

We were also favored in being born so to say, under the spiritual auspices of the Congregation of Holy Cross, who have never relinquished their special solicitude although we are independent of them and any other community.

In all gratitude we can also say that God's Providence sent the laborers needed, strong and self-sacrificing pioneers, not deterred by the real poverty of the early days, not frightened by the lack of security and prestige of something well established; pioneers, who could take it when the going was hard — Sisters who could play as well as work, and who look cheerful and are cheerful, because they are generous.

We can also truly say that we have been blessed with a legion of wonderful friends, everywhere, in America, England, Holland and wherever we work. It is impossible to estimate the tremendous and milliform cooperation and help it takes to put a community on its feet, to make it grow from a tender sapling to a tree in which the birds of the air can build nests. It would take volumes even in our little Society to ennumerate the help we have received in so many shapes and forms, from so many people, from the highest down to the humblest. A religious community is really a community project; it could not come into existence or survive otherwise. In a new community, one is naturally more conscious of it because one is more dependent. In order to carry on we have had to ask for help, usually not only once, but again and again and it seems, the more people help, the more interested they become.

It is not possible to allude to, nor even to realize, all the good breezes that filled our sails, but in conclusion I want to bring out something important, a propelling force, like a mighty wind, which on our thirtieth anniversary is strongly in our favor, and at the same time carries with it great responsibility. It is the passionate clamor of one-half the human race for a share in the benefits of the new discoveries and possibilities of a better life. Mission Bishop after Mission Bishop, comes to the Motherhouse to ask for Sisters, and our files bulge with letters from Mission Bishops, pleading for trained Sisters for medical work. Shouldn't we Christians feel that now there really are great worlds to conquer, not colonies, but hearts. A conquest a million times more satisfying, a conquest a million times more blessed!

At the end of our third decade we feel as if it were our commencement. We have learned something and now we want to put it to work. Most of all we have learned to depend on God — in God we trust. In Mary, the Cause of our Joy, we confide. Our Sisters we rely upon, and our friends and benefactors we thank for the share they have taken in the "Holy Experiment." They too, took risks. We pray for them and ask them to pray for us and to sail along with us to whatever shores God's Providence will lead us. Timbuctu may be next!

TE DEUM LAUDAMUS

HOUSES OF THE SOCIETY

INDIA

Holy Family Hospital, Patna
Holy Family Hospital, Mandar
Holy Family Hospital, New Delhi
Holy Family Hospital, Bombay
St. Mary's Hospital, Mussoorie
Immac. Heart of Mary Hospital, Bharananganam
Archbishop Attipetty Jubilee Memorial Hospital, Thuruthipuram
Maria & Estella Castelleno Dispensary, Poona
St. Thomas Hospital, Changanacherry
Medical Mission Sisters Novitiate, Poona
Medical Mission Sisters Novitiate, Kottayam

PAKISTAN

Holy Family Hospital, Rawalpindi
Holy Family Hospital, Karachi
Holy Family Hospital, Dacca
St. Michael's Hospital, Mymensingh

INDONESIA

Maternity Center & School of Midwifery, Makassar, Celebes
Rumah Sakit "Brajate Minulja" Hospital, Solo, Java
"Rumah Bersalin Katolik" Hospital, Pare-Pare, Celebes
Medical Mission Sisters Novitiate, Lawang, Java

AFRICA

Holy Family Hospital, Berekum, Gold Coast
Holy Family Hospital, Techiman, Gold Coast
New Mines Hospital, Welkom, South Africa

SOUTH AMERICA

Nuestra Senora de Coromoto Hospital, Maracaibo, Venezuela

HOLLAND

Medical Mission Sisters Pro-Provincialate and Novitiate, Imstenrade Heerlen
House of Studies, Utrecht

ENGLAND

Medical Mission House, Osterley, Middlesex
St. Theresa's Novitiate, South Shields, Co. Durham

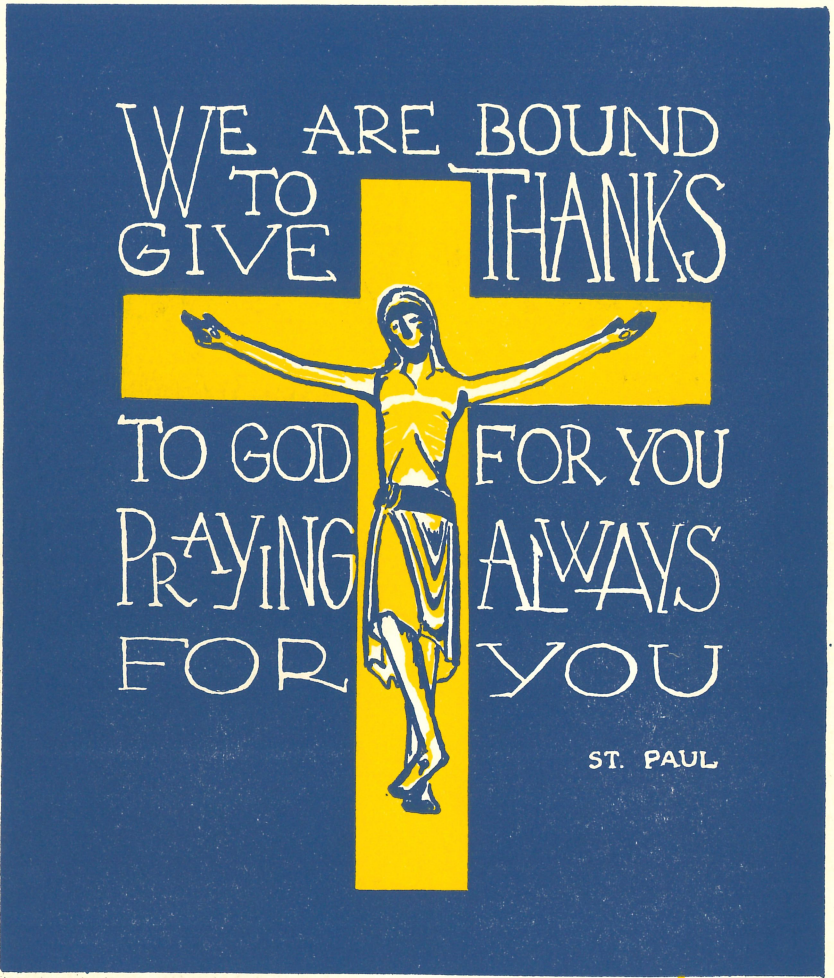
UNITED STATES

Catholic Maternity Institute, Santa Fe, New Mexico
Catholic Colored Clinic, Atlanta, Georgia
Postulate, Mountain View, California
House of Studies, Washington, D. C.
House of Studies, St. Louis, Missouri
Motherhouse and Novitiate, Philadelphia, Pa.

THE MEDICAL MISSION SISTERS ARE DEDICATED TO OUR LADY CAUSE OF OUR JOY. THIS TITLE WAS CHOSEN TO EXPRESS HONOR LOVE AND GRATITUDE TO OUR LADY WHO BY ACCEPTING THE MOTHERHOOD OF GOD BROUGHT TRUE JOY INTO THE WORLD IN THE PERSON OF HER DIVINE SON, THE REDEEMER OF MANKIND.

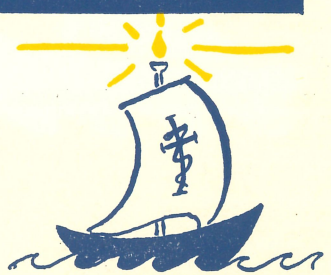
FOR ALL OF YOU—

Who by your ALMS, PRAYERS, and SACRIFICES have been part of our thirty years' growth . . .



Crucifix, Medical Mission Sisters' Motherhouse

Our Medical Mission Ship, now thirty year's afloat, counts on your continued support to fill its sails.



MEDICAL MISSION SISTERS - PHILA. 11, PA.